



**Initial Consultation
Lifestyle and Health History Questionnaire**

****Note: Complete form and email to carolannlindley@ou.edu with OU email address***

OR bring to first appointment. Please do not leave at the Front Desk. *

Last Name	First Name	MI	Date of Birth	Age
SoonerCard ID	Ethnicity	Gender Identity	Pronouns	
Street Address	Apt. #	City	State	Zip
Phone	Phone	Alternate Phone	Email	
Personal Physician			Phone Number	
Name - Emergency Contact (Primary)		() Primary Phone	() Alternate Phone	
Name - Emergency Contact (Secondary)		() Primary Phone	() Alternate Phone	

Informed Consent

I hereby request the opportunity to participate in a health and fitness evaluation consisting of physical exercise. I hereby acknowledge that my participation in this evaluation is entirely voluntary on my part. Such participation is solely for my own pleasure and benefit.

It is possible that certain unhealthy changes may occur during this evaluation which may include:

- Abnormal blood pressure • Fainting • Irregular heart beat • Heart attack or stroke

Information you possess about your health status or previous experiences of unusual feeling with physical effort may affect the safety and value of your evaluation. You are responsible to fully disclose such information when request by the testing staff.

Any questions about the procedures used in the evaluation are encouraged. If you have any doubts or questions, please ask us for further explanation. Your permission to perform this evaluation is voluntary. You are free to deny consent or stop the evaluation at any point.

I have read this form and I understand the testing procedures that I will perform. I consent to participate in this evaluation.

Member Signature: _____ Date: _____

Complete and email to carolannlindley@ou.edu with OU email address OR provide to trainer at first appointment.



Health History Information

Smoking:

☐ Never smoked		
☐ Previous Smoker:	☐ Quit less than one year ago	☐ Quit more than one year ago
☐ Currently Smoke:	How many cigarettes per day? _____	Cigars/Pipes per day? _____

Family History: Please "X" those which pertain to your family members and age diagnosed.

<i>Disease Type</i>	<i>Parents</i>	<i>Grandparents</i>	<i>Siblings</i>
Heart Disease			
Stroke			
High Blood Pressure			
Diabetes			
High Cholesterol			
Metabolic Syndrome			

Lipid Panel: Do you know your cholesterol values? No ☐ Yes ☐ Date tested _____

Total Cholesterol: _____ LDL: _____ Triglycerides: _____ Total Chol:HDL Ratio: _____:_____

Medications: Please list all medications and supplements you are currently taking. Include prescription and non-prescription used on a regular basis.

Allergies: Do you have any allergies to medications or foods?

Surgeries/Joint Mobility/Injuries: List any surgeries, joint issues, or injuries that may cause limitations or be impacted by exercise:

Have you ever been injured while exercising? No ☐ Yes ☐, please explain.

Additional Medical Information:

Is there any medical information not covered that you would like for us to know?

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Lifestyle Information

Nutrition: Describe your typical eating and drinking habits:

Weekday: Include all meals, snacks, and beverages:

Weekend: Include all meals, snacks, and beverages:

Select the frequency in which you consume the following items, on average:

Item	Rarely or Never	1-2 x month	1-2 x week	3-4 x week	Daily
Fruits					
Non-starchy vegetables					
Full Fat Dairy Products					
Low-fat or Non-Fat Dairy					
Lean Proteins: poultry/fish...					
Red Meat					
Smoked/Cured Meats					
Complex Carbohydrates					
Sweets					
Soda (circle) Regular Diet					
Fried Foods					
Processed/Convenience Foods					
Alcohol					
Fast Food					
Sit Down Restaurant Meals					

Hydration

Daily oz Water:		Other liquids consumed daily:		Type:
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Exercise: Describe your current exercise habits:

Exercise Type	# Days/Week	Intensity	# Min/ Session	Type of Activities
Cardiovascular		☐ Low ☐ Moderate ☐ High		
Resistance Training		____ Sets ____ Reps (per muscle group)		
Other:				

Stress: How would you rate your average, daily stress level?

☐ Low ☐ Moderate ☐ High ☐ Very High

Briefly describe any factors that influence your selection above:

Sleep: On average, how many hours of sleep do you get during the week? _____ weekend? _____

How would you rate the quality of your sleep?

☐ Poor ☐ Good ☐ Excellent ☐ It Varies

Briefly describe any factors that influence your selection above:

Goals and Motivations

Over the next 6 weeks, what would you like to focus on accomplishing?

List in order of importance below:

What steps are you currently taking towards these focuses?

What experiences have you had in the past with the above accomplishments?

What are your biggest motivators to change?

How many days per week can you realistically commit to improving your physical activity?

What challenges do you foresee that could get in the way of your success?

What can your trainer do to help you be successful?



How would you rate your Overall Health at this moment?

☐	Poor	☐	Fair	☐	Good	☐	Excellent
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Please explain your response above:

Is there anything not included on this questionnaire that you would like to share with your trainer that might be helpful during the training sessions?

If so, please write in the section below:

[illegible]

Complete and email to carolannlindley@ou.edu with OU email address OR provide to trainer at first appointment.



Personal Training Guidelines for Clients

1. Payment must be received prior to making an appointment with your trainer. We suggest starting with one session to assess the rapport with your trainer; no more than ten sessions may be purchased in one sale. Sessions may be purchased [online](#) or at the front desk.
2. Purchased sessions expire at the end of each semester, if the client has not trained during that semester.
3. Appointments are facilitated through your trainer.
4. Please arrive on time for your appointment. Your trainer will meet you at the Front Desk of the Sarkeys Fitness Center.
5. If you are late to your appointment, the session will not be extended by the trainer to make up for the missed time. Your session may be cancelled if you are more than 5 minutes late. Chronic late appointments could result in the termination of your training.
6. Cancellations must be made at least 24-hours in advance. Clients will be charged for sessions cancelled less than 24-hours in advance. Exceptions to this may be granted by the Fitness and Recreation professional staff for documented illness.
7. Personal Training sessions are generally 45 minutes.
8. The first Personal Training appointment is your Initial Assessment. The Initial Assessment typically lasts longer than 1-hour. It will include a review of your lifestyle and medical history, conducting a fitness assessment, and goal setting. The fitness assessment may include measuring resting blood pressure, resting heart rate, body composition, exercise heart rate, muscular strength, and muscular endurance. Tests selected will be based on factors such as client goals, comfort level and exercise experience.

I have read and understand the above expectations regarding Personal Training with Fitness and Recreation:

Print Name: _____ Signature: _____ Date: _____

Instructions to Prepare for the Initial Assessment

Please have the Take Home Consultation and Medical History Form completed prior to your arrival and only give it to your trainer. This will provide you more quality time with your trainer.

- The form is required for this session.
- If it is not complete, it will be completed at the beginning of the session and will impact the time your trainer will have to spend for goal setting and testing.

DO:

Hydrate well the day before.

Use the restroom immediately before appointment.

Wear athletic clothing; socks and shoes will be removed for the appointment.

- Gym shorts and a t-shirt are preferred (no jeans)
- Women, please wear a sports bra
- Shoes must be non-marking and closed-toe

Before your appointment, DO NOT:

Exercise for 6-12 hours.

Eat 3-4 hours before.

Consume alcohol or caffeine for 24 hours.

Shower or sauna immediately before.

Use lotion or ointment.

For questions, or accommodations on the basis of disability, please contact:
Carol Ann Lindley, Personal Training Coordinator, carolannlindley@ou.edu or call (405) 325-3053.